

REGIONAL TRANSIT VEHICLE DAILY INSPECTION REPORT

Transit System: Southwest Iowa Transit Agency

Vehicle # _____

Date: From _____ Thru _____

Odometer: _____

Inspect items listed - if defective, number and describe in Remarks

S S M T W T F

Under Hood

- Oil Level
- Coolant Level (cold)
- Windshield Washer Fluid Level
- Automatic Transmission Fluid Level
- Brake Fluid Level
- Engine / Hoses / Belts

Exterior

- Leaks under Bus
- Fresh Body Damage
- Cleanliness
- Headlights
- Tail / Brakes Lights
- Turn Signals Lights
- Hazard Flashers
- Clearance Lights (if applicable)
- Tires
- Tail Pipe
- Battery Box (closed)
- Windshield/Wipers
- Radio Antenna
- Mirrors / Adjustment

Interior

- Mirrors / Adjustment
- Service Door(s)
- Stepwell(s)
- Floor
- Seats
- Seat Belts

S S M T W T F

Interior (continued)

- Brakes
- Steering
- Transmission
- Gauges / Instrument Displays
- Equipment Controls (Heater / AC / Fan / Lights)
- Radio/Check with Base

Safety Equipment

- Fire Extinguisher
- First Aid Kit
- Bio-Hazard Kit
- Triangles
- Horn
- Back-up Alarm
- Door Open Buzzer
- Emergency Windows (Latched)
- Emergency Door
- Roof Escape Hatch

Wheelchair Access Equipment (if applicable)

- Lift Door
- Lift Operation (perform one cycle)
- Hydraulic Leaks
- Lift Platform
- Front / Rear Safety Guards
- Handrail
- Securement Attachment Points
- Securement Straps
- Passenger Belts

REMARKS: _____

Condition of above vehicle is: **Satisfactory** **Unsatisfactory**

Driver's Signature: _____

- Above defects corrected
- Above defects need not be corrected for safe operation of vehicle

Mechanic's Signature: _____